

Boston University  
Information Technology  
111 Cummington Street  
Boston, Massachusetts 02215-2411



**REQUEST FOR  
ADDITIONAL RESOURCES**

(617) 353-2780 FAX: (617) 353-6260

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                                last name,                                  first                                  m.i.

BUID \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for the request:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course Professor's / Advisor's Name: \_\_\_\_\_

Course Professor's / Advisor's Signature: \_\_\_\_\_

**Note: Requests will not be processed without the appropriate faculty signature. Please return this form to the Information Technology Front Office.**

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Please check one:      ACS: \_\_\_\_\_ ENG: \_\_\_\_\_ people.bu.edu: \_\_\_\_\_

**Login-name:** \_\_\_\_\_

**Type of Resource Being Requested:**

Disk quota increase - (specify in 1mb increments): \_\_\_\_\_

Print quota - (specify: in dollars): \_\_\_\_\_

Addition to a new group (UNIX only) specify group(s): \_\_\_\_\_

Other resource - please specify: \_\_\_\_\_

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**For Office Use Only**

Login Name: \_\_\_\_\_

Reason Rejected: \_\_\_\_\_

Approved group(s): \_\_\_\_\_

Approved changes: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Installed/Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Given by: \_\_\_\_\_ Accepted by: \_\_\_\_\_